

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 6

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.304; 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (448,029)

b. FFY 2001 \$ (789,259)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 13d, p3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN 95-53)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce reimbursement rates in the
Mental Health Rehabilitation Program for high need services for adults and children and moderate
need services for children by seven percent (7%). Implementation is necessary to avoid a
budget deficit in the Medicaid Program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Governor does not review
state plan material

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John LaCom

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 24, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03-31-00

18. DATE APPROVED:

04-07-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

02-01-2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B
ITEM 13.d. Page 3

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial
42 CFR	Care and Services
447.304	Item 13.d.(cont'd.)
440.130	

2. Reimbursement for services specified in the 90 day action strategy plan in the approved MHR Service Agreement shall be paid at a flat monthly rate for the appropriate frequency schedule, which is determined by medical necessity. High need services for adults and children and medium need services for children are reimbursed at ninety-three percent (93%) of the flat monthly rate in effect as of January 31, 2000.

Flat monthly rates are based on estimated number of hours of each service in each frequency schedule (weighted by usage determined by a study of prior history for similar services) and hourly cost of composite services, including all provider costs regardless of location in which services are provided (based on historical reimbursement for those services).

Rates for each frequency schedule are based on 66.6% of the estimated cost of services for the appropriate frequency schedule.

Payment is contingent upon the delivery of 80% of the services contained in the Service Agreement. Reimbursement for the first month will be made after 80% of one-third of the total services have been provided. Reimbursement for the second month will be made after 80% of two-thirds of the total services have been provided. Reimbursement for the third month will be made after 80% of total services have been provided.

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-31-00</u>	
DATE APPV'D <u>05-07-01</u>	
DATE EFF <u>02-01-00</u>	
HCFA 179 <u>LA-00-06</u>	

Approval Date 05-07-01 Effective Date 02-01-00 ~~Supersedes~~
TN# LA-00-06

SUPERSEDED BY TN# 95-53

31 2000